

CALIFORNIA ARMY NATIONAL GUARD
EDUCATIONAL INFORMATION

TO: _____
(Name and address of school)

Information is requested regarding:

(Name of Student)

(Social Security #)

(Date of Birth)

In order to accomplish the enlistment of the above named individual with the least possible expenditure of your time and allow us to insure that we will in no way interfere with the continued educational progress of that individual, it is necessary that we obtain the following information and that your school stamp be affixed to this form to insure that this information is correct.

1. Name of school or institution being attended: _____
2. Year of school currently enrolled in: _____
3. Number of years successfully completed: _____
(to be determined by credits earned)
4. Approximate date current school year will end: _____
(day, month, year)
5. Approximate date fall semester will start: _____
(day, month, year)
6. Approximate date graduation is expected: _____
(day, month, year)

Release of the requested information is authorized by:

(Signature of Student)

*** PRIVACY ACT FOR OFFICIAL USE ONLY ***